

SERVICE-CONNECTED DISABILITY RENEWAL STATEMENT

STD. 812B (REV. 7-99)

I, _____ certify that my disabled veteran service-connected disability status at the time of original Disabled Veteran Business Enterprise (DVBE) certification application was _____ %.

My disabled veteran service-connected disability status has not changed as of the date of this DVBE certification renewal application.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DISABLED VETERAN'S SIGNATURE

DATE EXECUTED



DISABLED VETERAN'S PRINTED NAME AND TITLE

APPLICANT FIRM'S NAME
